	E OF CAL		Traveler ID	See II	Sirpail	GIM	racy Stat	ement on F	Reve	rse Side	L BI	K Trip?	O YES	○ No
TRAVEL EXPENSE CLAIM Tr STD. 262 (REV. 10/92)			210			STAFF					age	of	Pages	
CLAIMANT'S NAME Fiscal Year Karen Baker 2008-200			20001601791		SSN OR	SSN OR EMPLOYEE NUMBER*					RTMENT			
POSITION Executive Director		2000	CB/ID NO.: EXEMPT		DIVISION OF BUREAU California Volunteers							PCA # 21401		
RESIDENCE ADDRESS*						1110 K Street Suite 210							NE NUMBER 3-7646	
CITY STATE Sacramento CA			ZIP CODE		CITY Sac	Sacramento			STA CA					
(1) MONTH/YEAR (3)		(3)	(4)		(5) MEALS		£ (6) (7)		TRA	NSPORTA	ATION		(8)	(9)
Jul 20 (2) DATE		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	(A) COST OF TRANS.	(B)	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES FOR DAY
DATE	TIME		EODGING	17.01	LONGIT	ION BINNER	17,25		USEL	PARKING	WILES	\$0.00		\$0.00
7/27	0500 1630	Sac/Burbank/Sac								\$9.00	36	\$19.80		\$28.80
												\$0.00		\$0.00
												\$0.00		\$0.00
	_											\$0.00		\$0.00
						<u> </u>		₩ [Ē]		\$0.00		\$0.00
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. A.11	n 17	2000		771.00		\$0.00		\$0.00
	_					AU	G 17	2009	/			\$0.00		\$0.00
	_					AFFICE OF ACC	LANNING OUNTS PA	& RESEARC YABLE	H			\$0.00 \$0.00		\$0.00 \$0.00
												\$0.00		\$0.00
												\$0.00		\$0.00
	<u>]</u>											\$0.00		\$0
(10)	SUBT	OTALS								\$9.00	\$36 L	19.8		\$28.80
	co	eumnicobe (acche iuseo	NEY)							CLAIM .	TOTAL	\$	4	328.80
// N D N D												l,		20.00
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) In Southern California for Disaster Corps presentation to Op Areas										(12) NORMAL MORK HOLIRS (13) PRIVATE VEHICLE LICENSE NUMBER				
										4ybd289 (14) MILEAGE RATE CLAIMED				
										AGENCY ACCOUNTING OFFICE				
											PAID BY		G FUND CHE	
THEREB'	CERTIFY	That the above is a true statement of the	travel expenses i	ncurred by m	ne in accordar	ice with DPA r	ules in the se	rvice of the Stat	te of C	alifornia. If	1		\$0.	.55
۸.	ANT'S SI	cle was used, and if mileage rates exceed ave met the requirements as prescribed b	y SAM Sections 0	DATE				OFFICER APP			AND PA	YMENT	DATE	
(17) SPEC	IAL EXPE	NSE AUTHORIZATION - SIGNATURE an	d TITLE (See Ite	V/~ .)Q rse)	X	un	$\mathcal{L}_{i}\mathcal{L}_{i}$	(1)	M	<u>ر</u>		DATE	09